

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/936621

FILING DATE

APPLICANT(S)

CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT
	IND.	DEP.	IND.	DEP.	IND. DEP.
1	1		1		
2		1		1	
3		2		1	
4	1		1		
5		1		1	
6		2		1	
7		①		1	
8		①		1	
9	1		1		
10		1		1	
11		2		1	
12	1		1		
13		1		1	
14		2		1	
15		①		1	
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TOTAL IND.	4		3		
TOTAL DEP.	15		11		
TOTAL CLAIMS	19		14		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS